

Newark Digital Academy

Application Checklist

Please Note - The school you are leaving will most likely want you to sign a withdrawal form, hand in any computer equipment/books and pay any fees owed before they will send us records.

- Application for Student**
Complete this form accurately -- **all information is kept confidential**

- Birth Certificate - Copy**
Required to verify child is at an eligible age to attend school

- Social Security Card - Copy**
Social Security number is used for recordkeeping purposes only.

- Immunization History or Waiver**
State regulations require one or the other
Usually can get this from Doctor, Health Dept, or school - for NHS Health Clinic # - 328-2238

- Custody Papers - if parents are no longer together**

- Proof of Residency**
can be a utility bill, rental agreement, a paystub with current address on it or most current bank statement with current address

- Fees - All fees owed to Newark City School District must be paid in full or arrangements *****
made before we can enroll you. You should contact the Records Clerk in the NHS clerk's office at 670-741
For any other school district you should check with the school to see if fees are owed, as most schools will not send transcript or grades unless fees are paid.
***If your student was on free lunch with Newark City Schools then you may request a form called "Sharing Information Form" and this may qualify for their fees to be waived.

The Items below I will request from the school you are currently attending:

Transcript - of all courses, including grades and credits earned

Grade Card - Most Recent that shows proof of current grade placement and attendance

Ohio Testing Scores - OGT (Ohio Graduation Test) or OAA (Ohio Achievement Test)

Present school can provide - OGT scores are usually on transcript

Special Needs Students with Disabilities (if applicable)

Copy of **IEP (Individual Education Plan)** must be current (done yearly)

Copy of **ETR (Evaluation Team Report) or MFE (Multifactor Evaluation Report)**

the ETR or MFE must be current - it is updated every 3 years

Copy of **504 Plan** - if student is on a 504 plan currently

**** If student was homeschooled I will need this instead of a grade card:
Home School Narrative - or transcript signed by certificated teacher

Enrollment Application

First Name:	Middle Name:	Last Name:
Called Name:	Social Security:	Birth date:
Age:	Gender:	Current Grade:
School District of Residence: (where custodial parent lives)		School Currently Attending or last attended:
Has applicant ever attended online school? _____ If yes, what school? _____		Mother's Maiden Name:

Address of Residence:

Mailing Address: same as residence

Street Address:			Street Address		
City:	State:	Zip:	City :	State:	Zip:
Home Phone: () -		Student Cell: () -		Email Address:	

Racial Group(s):

Yes, the student is Hispanic/Latino **or** No, the student is NOT Hispanic/Latino

Please check all races that apply:
 A-Asian B-Black or African American
 I-American Indian or Alaska Native P-Native Hawaiian or Other Pacific Islander W-White

Is student a US Citizen? YES NO Native Language:(i.e., Eng, Ger.,Japan) Language Spoken at Home:

Limited English Proficiency

Check ALL that apply to student:

Was not born in the United States and whose native language is other than English, or
 Resides in a home in which a language other than English is most relied upon for communication, or
 Resides in a home in which a language other than English has a significant impact on his/her level of understanding of the English Language, or
 Who, as a result of the above, has difficulty speaking, reading, writing or understanding the English language to deny him/her the opportunity to learn successfully in an environment in which the language of instruction is English.

Family Information:

Student Lives With:

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Step-Mom	<input type="checkbox"/> Step-Father
<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other

Parents Are:

<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Never Married

Is there a Court Custody Order pertaining to this student? Yes No
 If Yes, who has custody _____
(A copy of custody papers is required to be on file).

Does the student lack a fixed regular and adequate nighttime residence or have a temporary living arrangement? Yes No **If yes check one that applies below:**

<input type="checkbox"/> Shelter	<input type="checkbox"/> Unsheltered	<input type="checkbox"/> Shared Housing
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Doubled Up	<input type="checkbox"/> Other _____

Primary Contact Information: (Parent/s must be listed if student is under 18)

<p>Contact Name: _____</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____</p> <p>Does student live with this person?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part time</p> <p>Additional Comment: _____</p>	<p>Main Phone # (____) _____</p> <p>Cell # (____) _____</p> <p>Student # (____) _____</p> <p>Work# (____) _____</p> <p>Work Place _____</p> <p>Contact at Work? <input type="checkbox"/> yes <input type="checkbox"/> No</p>
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Contact Information:

<p>Contact Name: _____</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____</p> <p>Does student live with this person?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part time</p> <p>Additional Comment: _____</p>	<p>Main Phone # (____) _____</p> <p>Cell # (____) _____</p> <p>Work# (____) _____</p> <p>Work Place _____</p> <p>Contact at Work? <input type="checkbox"/> yes <input type="checkbox"/> No</p>
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Medical Information:

Is there any medical condition you would like the school to be aware of?
(ie, Diabetes, etc.)

Special Needs:

<p>Does your child currently have an IEP (Individual Education Plan)--meaning he/she has been identified by an Evaluation Team as having a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does your child currently have a 504 plan through the current school attending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Copies of the most recent IEP and MFE (Multi-Factored Evaluation), or the 504 plan (whichever applies) must be included with your application materials.

If your student does have a disability please check the category for which they have been identified:

<input type="checkbox"/> Multiple Disabilities (Not Deaf/Blind)	<input type="checkbox"/> Hearing Impairment (Deafness)
<input type="checkbox"/> Speech/Language Impairment	<input type="checkbox"/> Emotional Disturbance
<input type="checkbox"/> Other Health Impairment - Minor	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Other Health Impairment - Major	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> Preschooler with a Disability (Ages 0 to 5)	<input type="checkbox"/> Cognitive Disability
<input type="checkbox"/> Deaf/Blindness	<input type="checkbox"/> Autism

Migrant Status

Is this student, parent or guardian a migratory worker (moves from place to place following the work)? Yes No

How did you hear about Newark Digital Academy?

School Word of mouth other _____

Are you currently suspended, expelled or excluded from another Ohio School District? _____

What are your plans for the future?

- Attend C-Tec for other Vocational School
- Attend Technical or 2- Year College
- Attend a 4-year College
- Enter the Military
- Other _____

Is student less than 18? _____

If yes, then who is the primary adult that will be monitoring the student?

Relationship to the student _____

Thank you for your cooperation in completing this application. All information is kept confidential.

I _____, as parent or legal guardian of applicant student have completed this application and do give my permission to enroll he/she in the Newark Digital Academy.

Guardian Signature

Date Signed

Parent or Legal